

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

45

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

04491  
Reg. Dist.

## MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 62

1. PLACE OF DEATH: CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN		2. USUAL RESIDENCE (HOME) OF DECEASED: CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STATE <u>Md</u> COUNTY <u>Caroline</u> STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED: (First) <u>LILLIE</u> (Middle) <u>GAY</u> (Last) <u>ACRE</u> (Type or Print)		4. DATE OF DEATH <u>MAY 3 1955</u>	
5. SEX: <u>F</u>	6. COLOR OR RACE: <u>N</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) <u>Widowed</u>	8. DATE OF BIRTH: <u>Aug. 8, 1890</u>
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): <u>do housework</u>		10b. KIND OF BUSINESS OR INDUSTRY: <u>home</u>	9. AGE last birthday: <u>64</u> yrs. IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>
13. FATHER'S NAME: <u>Charles Gross</u>		14. MOTHER'S MAIDEN NAME: <u>Adelene Jackson</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)		16. SOCIAL SECURITY NO.: <u>111-11-1111</u>	
17. INFORMANT & ADDRESS: <u>Taft Acree, Denton, Md</u>		18. MEDICAL CERTIFICATION <u>Pulmonary Disease</u> <u>Mysosiditis</u> INTERVAL BETWEEN ONSET AND DEATH <u>1 hr</u> <u>Sequelae</u>	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: <u>422.2</u> Immediate cause (a) <u>Pulmonary Disease</u> DUE TO <u>Mysosiditis</u> Antecedent cause(s) (b) <u>None</u> Diseases or conditions, if any, giving rise to the above cause DUE TO <u>None</u> stating underlying cause last (c) <u>None</u>			
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION: <u>None</u>		
20. AUTOPSY Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
21a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> or CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY)	21c. (City or town) <u>Denton</u> (County) <u>Caroline</u> (State) <u>Md</u>	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY <u>M.</u>	21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>None</u>	
22. I hereby certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input type="checkbox"/> , Inquiry <input type="checkbox"/> , and find that death resulted from: Natural causes <input checked="" type="checkbox"/> , Accident <input type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined cause <input type="checkbox"/> .			
SIGNATURE <u>Thomas O'Yeager MD</u>	CHIEF MEDICAL EXAMINER <input type="checkbox"/> DEPUTY MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAM. <input type="checkbox"/>		
DATE SIGNED <u>5/3/55</u>			
23. BURIAL, CREMATION, REMOVAL (Specify): <u>Burial</u>	DATE THEREOF <u>May 7, 1955</u>	NAME OF CEMETERY OR CREMATORIAL <u>Crown Spring Grove</u>	LOCATION (City, town, or county) <u>Denton</u> (State) <u>Md</u>
DATE REC'D BY LOCAL REG. <u>5/3/55</u>	REGISTRAR'S SIGNATURE <u>Thomas O'Yeager</u>	24. FUNERAL DIRECTOR <u>Virgil Moore &amp; Son</u> ADDRESS <u>Denton, Md.</u>	

BUREAU V. S.

MAY 9 1955

RECEIVED

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

04492

45<sup>a</sup>2

## CERTIFICATE OF DEATH

Reg. Dist. No. 62

1. PLACE OF DEATH CITY (If outside corporate limits, write RURAL or and give nearest town) <input checked="" type="checkbox"/> TOWN <i>Baltimore</i>				2. USUAL RESIDENCE (HOME) OF DECEASED: STATE <i>Maryland</i> COUNTY <i>Baltimore</i> CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <i>Baltimore</i> STREET ADDRESS <i>Deutaw</i> (If rural give location)			
3. NAME OF DECEASED: (First) <i>Hattie</i> (Middle) <i>Stevens</i> (Last) <i>Dukes</i> (Type or Print)				4. DATE OF DEATH: <i>May. 3d. 1955</i>			
5. SEX: <input checked="" type="checkbox"/> Female		6. COLOR OR RACE: <i>white</i>		7. SINGLE, MARRIED, WIDOWED, DIVORCED: <i>Single</i>		8. DATE OF BIRTH: <i>June 13<sup>rd</sup> 1870</i>	
10a. USUAL OCCUPATION: Give kind of work done during most of working life, even if retired <i>Retired Teacher</i>				10b. KIND OF BUSINESS OR INDUSTRY: <i>None</i>		11. BIRTHPLACE (State or foreign country): <i>Maryland</i>	
13. FATHER'S NAME: <i>Levi Dukes</i>				14. MOTHER'S MAIDEN NAME: <i>Elizabeth Jewell</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) <input checked="" type="checkbox"/> Yes <i>9</i>				16. SOCIAL SECURITY NO.: <i>—</i>		17. INFORMANT & ADDRESS: <i>Miss Eunice Dukes</i>	
18. MEDICAL CERTIFICATION							
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH <i>156.1</i> Immediate cause (a) <i>Carcinoma - Liver -</i> DUE TO Antecedent causes (s) (b) ..... Diseases or conditions, if any, giving rise to the above cause (c) ..... stating the underlying cause last DUE TO							
Interval Between Onset And Death <i>8 mo.</i>							
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION:		19b. MAJOR FINDINGS OF OPERATION					
20. AUTOPSY ? Yes <input type="checkbox"/> No <input type="checkbox"/>							
21. ACCIDENT (Specify) SUICIDE HOMICIDE		PLACE (Home, farm, factory, street, of office bldg., etc.) OF INJURY		(CITY OR TOWN)		(COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at m. Work <input type="checkbox"/> Not While At Work <input type="checkbox"/>		HOW DID INJURY OCCUR ?			
22. I hereby certify that I attended the deceased from <i>May 3d.</i> , 1955, to <i>May 3</i> , 1955, that I last saw the deceased alive on <i>May 3</i> , 1955, and that death occurred at <i>10:40 p.m.</i> , from the causes and on the date stated above. SIGNATURE <i>E. Paul Knott M.D.</i> ADDRESS <i>Benton Md</i> DATE SIGNED <i>May 5-1955</i>							
23. BURIAL, CREMATION, REMOVAL (Specify) DATE REC'D BY LOCAL REGISTRAR		DATE THEREOF <i>May 6-55</i>		NAME OF CEMETERY OR CREMATORIUM <i>Benton Cemetery</i>		LOCATION (City, town, if county) (State) <i>Benton. Md.</i>	
REC'D BY <i>5/6/55</i>		REGISTRAR'S SIGNATURE <i>W. D. George</i>		24. FUNERAL DIRECTOR <i>Virgil Moore &amp; Son Denton</i>		ADDRESS	

BUREAU V. S.

MAY 9 1955

RECEIVED

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH  
FOR MEDICAL EXAMINERS

04493  
62

45 '3

Reg. Dist. No.

1. PLACE OF DEATH- CITY OR TOWN HOSPITAL OR INSTITUTION OR STREET ADDRESS	MARYLAND LENGTH OF STAY (In this place) 30 days	2. USUAL RESIDENCE (HOME) OF DECEASED- CITY (If outside corporate limits, write RURAL and give nearest town) TOWN STREET ADDRESS	COUNTY Tow Rural Denton				
3. NAME OF DECEASED (Type or Print)	(First) James (Middle) Alonzo (Last) Mulligan	4. DATE OF DEATH May 15 1955	(Month) (Day) (Year)				
5. SEX M	COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Divorced	8. DATE OF BIRTH 11/14/88	9. AGE last birthday 71 yrs.	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tow Rural Denton	11. BIRTHPLACE (State or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY USA
13. FATHER'S NAME James Mulligan	14. MOTHER'S MAIDEN NAME Mary Wilson	15. INFORMANT AND ADDRESS Rumsey Mulligan - Denton					
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service)	17. SOCIAL SECURITY NO.	18. MEDICAL CERTIFICATION	INTERVAL BETWEEN ONSET AND DEATH Resident two years				
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 976 X Immediate cause Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last		(a) Internal Hemorrhage (b) Gun shot wound - Left Chest					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					
21. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	PLACE (Home, farm, factory, street, of office building, etc.) INJURY Home	(CITY OR TOWN) Rural Denton	(COUNTY) Caroline	(STATE) Md			
TIME (Month) (Day) (Year) (Hour) OF INJURY 5 15-54 8:30 A	INJURY OCCURRED While at work <input type="checkbox"/> Not while work <input checked="" type="checkbox"/> <input type="checkbox"/> at work	HOW DID INJURY OCCUR? Shot self in Chest					
22. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input type="checkbox"/> , Inquiry <input type="checkbox"/> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> accident <input type="checkbox"/> suicide <input checked="" type="checkbox"/> homicide <input type="checkbox"/> undetermined <input type="checkbox"/> . SIGNATURE (Degree or title) ADDRESS DATE SIGNED James D. George, M.D., Deputy Medical Examiner, Denton, Md 5/15/55							
23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF 5/18/55	NAME OF CEMETERY OR CREMATORIAL Hillbore	LOCATION (City, town, or county) Hillbore	(State) Md			
DATE REC'D BY LOCAL REG. 5/12/55	REG. NUMBER 512/55	REG. NUMBER 512/55	24. FUNERAL DIRECTOR J. D. George & Son, Denton, Md	ADDRESS			

RECEIVED  
BUREAU V. S.

MAY 23 1955

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

04494

4504

## CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH: COUNTY <u>Caroline</u> CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN <u>Baltimore</u>		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE <u>Maryland</u> CITY (If outside corporate limits, write RURAL, and give nearest town) TOWN <u>Baltimore</u>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>OSB</u>		STREET ADDRESS <u>304 Piedmont Ave</u>			
3. NAME OF DECEASED: (Type or Print) <u>Julie</u>		(First) <u>Julie</u> (Middle) <u>May</u> (Last) <u>March</u>	4. DATE OF DEATH: <u>May 16 1955</u>		
5. SEX: <u>F.</u>	6. COLOR OR RACE: <u>W.</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): <u>Widowed</u>	8. DATE OF BIRTH: <u>June 25 1879</u>		
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: <u>Housekeeper</u>		10b. KIND OF BUSINESS OR INDUSTRY: <u>Own Home</u>	11. BIRTHPLACE (State or foreign country): <u>Maryland</u>		
13. FATHER'S NAME: <u>William F. May</u>		14. MOTHER'S MAIDEN NAME: <u>Margaret Gibbons</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) <u>No</u>		16. SOCIAL SECURITY NO.: <u>None</u>	17. INFORMANT & ADDRESS: <u>Richard O. Stark, Doctor</u>		
18. MEDICAL CERTIFICATION					
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH <u>450.0</u> Immediate cause (a) <u>Arteriosclerosis</u> Antecedent causes (s) (b) <u>Pneumonia</u> Diseases or conditions, if any, giving rise to the above cause (c) <u>Chronic Bronchitis</u> stating the underlying cause last.					
Interval Between Onset And Death <u>15 yr -</u> <u>10 yr</u>					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION:		19b. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY ? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					
21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, OF office bldg., etc.) <u>INJURY</u>	(CITY OR TOWN) <u>Easton</u>	(COUNTY) <u>Caroline</u>	(STATE) <u>Maryland</u>
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> At Work <input type="checkbox"/>	HOW DID INJURY OCCUR ?		
22. I hereby certify that I attended the deceased from <u>Did not see her alive</u> , 19....., that I last saw the deceased live on <u>15</u> , and that death occurred at <u>5/18/55</u> , from the causes and on the date stated above. SIGNATURE <u>George M. Stark</u> ADDRESS <u>518/55</u> DATE SIGNED <u>5/18/55</u> (Degree or title) <u>Funeral Director</u>					
23. BURIAL, CREMATION, REMOVAL (Specify)		DATE THEREOF <u>May 19, 1955</u>	NAME OF CEMETERY, OR CREMATORIAL <u>Bethany Cemetery</u>	LOCATION (City, town, or county) <u>Easton</u>	(State) <u>Maryland</u>
DATE REC'D BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE <u>George M. Stark</u>	24. FUNERAL DIRECTOR ADDRESS <u>Easton, MD</u>		

BUREAU V. S.

MAY 23 1955

RECEIVED

## CERTIFICATE OF DEATH

Reg. Dist. No.

Item 9, filmG181 5-19-55 et

## 1. PLACE OF DEATH:

COUNTY	Caroline	MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town)	Rural	LENGTH OF STAY (in this place)
TOWN	Ridgely	4 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS	00	

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE	Maryland	Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN	Ridgely	X
STREET ADDRESS		If rural give location)

3. NAME OF  
DECEASED:  
(First)  
(Type or Print)

MARY LANDERS

ROYER

4. DATE  
(Month)  
OF  
DEATH:  
MAY 8  
1955

## 5. SEX:

7

6. COLOR OR  
RACE:

W

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED.  
(Specify):

widowed

## 8. DATE OF BIRTH:

NOV. 9, 1876

## 9. AGE last birthday:

79 78 yrs.

10. USUAL OCCUPATION Give kind of  
work done during most of working life,  
even if retired:

housewife

11. KIND OF BUSINESS OR  
INDUSTRY:

home

12. CITIZEN OF WHAT  
COUNTRY?

USA

## 13. FATHER'S NAME:

John Landers

## 14. MOTHER'S MAIDEN NAME:

Harriet Doremus

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unk.) (If Yes, give war or dates of  
service)

4 yrs

## 16. SOCIAL SECURITY NO.: 222

222

## 17. INFORMANT &amp; ADDRESS:

Mrs. Thos. Jones, Ridgely, Md.

Interval Between  
Onset And Death

24 HRS

## 18. MEDICAL CERTIFICATION

## I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443X

## Immediate cause

## (a) DUE TO

Cardiac Myocarditis Failure

## (b) DUE TO

## (c) DUE TO

Generalized Arterial Sclerosis -

Hyperthyroidism -

(years)

(years)

## II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not  
related to the disease or condition causing death.

Hypertension

## 20. AUTOPSY ?

Yes  No 

## 19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

21. ACCIDENT  
SUICIDE  
HOMICIDE

## (Specify)

PLACE (Home, farm, factory, street,  
OF office bldg., etc.)

## (CITY OR TOWN)

## (COUNTY)

## (STATE)

TIME (Month) (Day) (Year) (Hour)  
OF  
INJURY

## m.

INJURY OCCURRED  
While at Work  Not While At Work 

## HOW DID INJURY OCCUR ?

## 22. I hereby certify that I attended the deceased from

1953

to May

, 1955

, that I last saw the deceased

alive on May 7

, 1955

, and that death occurred at

Ridgeley

, from the causes and on the date stated above.

Signature

(Degree or title)

ADDRESS

DATE SIGNED

May 8, 1955

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BUREAU V. S.

MAY 13 1955

RECEIVED

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

# MARYLAND STATE DEPARTMENT OF HEALTH

4596

2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 63

04496

1. PLACE OF DEATH COUNTY <b>Caroline</b>		MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <b>Caroline</b>		
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <b>Preston</b>		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <b>Preston</b>		
HOSPITAL OR INSTITUTION OR STREET ADDRESS <b>00</b>		STREET ADDRESS <b>Main</b>		(If rural, give location) <b>X</b>		
3. NAME OF DECEASED (Type or Print) <b>Cameron</b>	(First)	(Middle) <b>Slater</b>	(Last) <b>White</b>	4. DATE OF DEATH <b>5</b>	(Month) <b>9</b>	(Day) <b>1955</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) <b>Married</b>	8. DATE OF BIRTH <b>1899</b>	9. AGE last birthday <b>56</b>	If under Months <b>yrns</b>	1 year Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Pennsylvania</b>		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <b>William White</b>		14. MOTHER'S MAIDEN NAME <b>Turkey</b>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. <b>214-32-7397</b>		17. INFORMANT AND ADDRESS <b>Mary E. White</b>		PRESTON
18. MEDICAL CERTIFICATION						
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH						
420.0 Immediate cause		(a) <b>Acute Coronary Occlusion</b>				
Antecedent cause(s)		(b) <b>Arteriosclerotic Heart Disease</b>				
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last		(c) <b>Perkinsism (arteriosclerotic Vascular)</b>				
19. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				
20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>						
21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, of office bldg., etc.) INJURY		(CITY OR TOWN)		(COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/>		HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <b>3/18/55</b> , 1955, to <b>3/18</b> , 1955, that I last saw the deceased alive on <b>3/18</b> , 1955, and that death occurred at <b>9 P.M.</b> from the causes and on the date stated above.						
SIGNATURE <b>Laura B. Plummer</b>		(Degree or title) <b>M.D.</b>		ADDRESS <b>Preston Maryland</b>		DATE SIGNED <b>3/18/55</b>
23. BURIAL, CREMATION REMOVAL (Specify) <b>Burial</b>		DATE <b>5/12/55</b>		NAME OF CEMETERY OR CREMATORIAL <b>Jr. O.U.A.M.</b>		LOCATION (City, town, or county) (State) <b>Preston Md.</b>
DATE REC'D BY LOCAL REG. <b>5-10-55</b>		REGISTRAR'S SIGNATURE <b>Cornelia W. Plummer</b>		24. FUNERAL DIRECTOR ADDRESS <b>1111 Carrollton</b>		

BUREAU V. S.

MAY 12 1955

RECEIVED